

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731349

1. Entity Name

GREENWAY VILLAGE RECREATION ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90051 019 ****61.25

Principal Place of Business

Mailing Address

200 ROAD C
ROYAL PLAM BEACH FL 33411-9916

200 ROAD C
ROYAL PLAM BEACH FL 33411-2916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1560903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IANNUZZI, DIANA
200 ROAD C.
ROYAL PALM BEACH FL 33411

Name GRAVES, WAYMON

Street Address (P.O. Box Number is Not Acceptable)

200 ROAD C

City ROYAL PALM BCH.

FL

Zip Code
33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE WAYMON GRAVES, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME ALBANO, MARY
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE SD ☐ Change ☒ Addition
NAME MITIZIO, ANTHONY
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE PD ☒ Delete
NAME IANNUZZI, DIANA
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE PD ☐ Change ☒ Addition
NAME GRAVES, WAYMON
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE TD ☒ Delete
NAME BOOMHOWER, FRED
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE TD ☐ Change ☒ Addition
NAME SHANDLER, ROZ
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE D ☒ Delete
NAME IAMBELLA, KAY
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE D ☐ Change ☒ Addition
NAME BENNETT, MAY
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE VPD ☒ Delete
NAME DEL GECO, NICK
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE VPD ☐ Change ☒ Addition
NAME PICCINO, ARMANDO
STREET ADDRESS 200 ROAD C
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)